


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90051 025 \*\*\*150.00

<b>DOCUMENT # F02000005369</b>	
1. Entity Name <b>CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES, INC</b>	

Principal Place of Business <b>9070 IRVINE CENTER DR., SUITE 280 IRVINE, CA 92618</b>	Mailing Address <b>9070 IRVINE CENTER DR., SUITE 280 IRVINE, CA 92618</b>
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2. Principal Place of Business - No P.O. Box # <b>1216 N Tustin Street</b>	3. Mailing Address <b>1216 N Tustin Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Orange, CA</b>	City & State <b>Orange, CA</b>
Zip <b>92867</b>	Country <b>USA</b>

90051



01222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>33-0265734</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

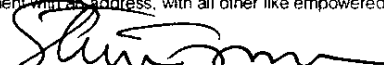
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENTISS, WILLIAM C 4560 E. EISENHOWER CIRCLE ANAHEIM, CA 92809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Prentiss, William C. 4560 E. Eisenhower Circle Anaheim, CA 92809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROBERT T 2107 N. BROADWAY #205 SANTA ANA, CA 92706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Freeman, Steven E. 1216 N Tustin Street Orange, CA 92867 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSON, RANDALL G 18551 VON KARMAN AVE STE. 120 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larson, Randall G. 9070 Irvine Center Drive, Suite 280 Irvine, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCFARLAND, RUSSELL 18551 VON KARMAN AVE STE. 120 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S McFarland, Russell 151 Kalmus Drive, Suite J3 Costa Mesa, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDE, ROBERT G 18551 VON KARMAN AVE STE 120 ORANGE, CA 92867 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lunde, Robert G. 151 Kalmus Drive, Suite J3 Costa Mesa, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPISTATHIS, JAMES 1913 E 17TH STREET, #213 SANTA ANA, CA 92705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Freeman

January 22, 2008 (714) 558-1334

Date

Daytime Phone #